

**APPLICATION
CITY OF MARION, KENTUCKY
OCCUPATIONAL LICENSE FEE**

NAME OF OWNER: _____

BUSINESS NAME: _____ PHONE #: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____

BUSINESS CLASSIFICATION:

Individual Owner

If partnership, list names and address of partners:

Corporation

Partnership

Other _____

TYPE OF BUSINESS: _____

NUMBER OF EMPLOYEES WORKING IN CITY: _____

DATE ACCOUNTING PERIOD ENDS IF OTHER THAN CALENDAR YEAR: _____

It is understood that the City of Marion has an occupational license fee on net profits from business conducted within the City. A minimum license fee must be paid and an annual return must be filed whether or not the business has shown a profit. It is also understood that the license fee must be withheld from earnings of employees working in the City and remitted to the City quarterly. The fee for the City is $\frac{3}{4}$ of 1%.

DATE _____

SIGNATURE _____

TITLE _____

Mail to: City Treasurer
City of Marion
217 South Main Street
Marion, KY 42064

**PLEASE RETURN THIS COPY WITH YOUR REMITTANCE OF \$25.00, PAYABLE
TO "CITY OF MARION"**